EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Αŀ	or the	e 2018 calendar year, or tax year beginning	and	ending		
B c	heck if pplicabl	C Name of organization			D Employer identifi	cation number
	Addre chang	REALM OF CARING FOUNDA	TION, INC			254242
	Name chang	-			46-3	371348
	Initial return Final return	Number and street (or P.O. box if mail is not delimined as 1515 N CHESTNUT STREET	vered to street address)	Room/suite	E Telephone numbe 719-	r 347-5400
	termin ated	City or town, state or province, country, and 2	G Gross receipts \$	1,380,530.		
	Amen		30907		H(a) Is this a group re	
	Applic		THER JACKSON		for subordinates	
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	
1 Т	·0.V. 0.V.		◀ (insert no.) 4947(a)(1)	or 527	1 ` ′	
		te: NWW.THEROC.US	(Illsert 110.) 4947 (a)(1)	01 321	1	list. (see instructions)
			sociation Other	I Veer	H(c) Group exemptio	
		<u> </u>	Sociation United	L Year	or formation: ZOIS	M State of legal domicile: CO
Га	rt I	Summary	· · · · · · · · · · · · · · · · · · ·	M OF C	ADTMC TMDDO	VEC OILVI TUA
Se	1	Briefly describe the organization's mission or most				
ıan	_	OF LIFE THROUGH CANNABINO				
err		Check this box 🕨 📖 if the organization discon				
Š		Number of voting members of the governing body (3	6
æ		Number of independent voting members of the gov				5
ies		Total number of individuals employed in calendar y				27
ivit		Total number of volunteers (estimate if necessary) .				79
Activities & Governance		Total unrelated business revenue from Part VIII, col				0.
	b	Net unrelated business taxable income from Form 9	990-T, line 38		7b	0.
					Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)			1,089,441.	
enr	9	Program service revenue (Part VIII, line 2g)			1,914.	11,229.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		12.	14.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-44,069.	
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		1,047,298.	
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		63,323.	76,131.
	14	Benefits paid to or for members (Part IX, column (A)), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		585,040.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.
cbe	b	Total fundraising expenses (Part IX, column (D), line	(25) ▶ 85,3	22. 🗀		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		329,067.	
		Total expenses. Add lines 13-17 (must equal Part I)			977,430.	1,226,400.
		Revenue less expenses. Subtract line 18 from line			69,868.	84,420.
or				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			271,589.	377,217.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			8,593.	29,801.
Fun	22	Net assets or fund balances. Subtract line 21 from	line 20		262,996.	347,416.
Pa	rt II	Signature Block				
Unde	er pena	Ities of perjury, I declare that I have examined this return,	ncluding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wl	hich preparer	has any knowledge.	
						_
Sigr	1	Signature of officer			Date	
Here		▲ HEATHER JACKSON, FOUND	ER/CEO			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	10	Date Check	PTIN
Paid			JIM MARTY	1	0/09/19 if self-employ	P00381885
Prep		Firm's name BRIDGE WEST, LLC		.	Firm's EIN	46-3108229
Use.		Firm's address 1714 DUCHESS DRIV	/E			
	-	LONGMONT, CO 8050			Phone no. 30	3-651-0304
May	the II	RS discuss this return with the preparer shown above			1	X Ves No

	1 990 (2018) REALM OF CARING FOUNDATION, INC	46-3371348	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> </u>
1	Briefly describe the organization's mission: WHY: BECAUSE QUALITY OF LIFE MATTERS		
	MISSION: REALM OF CARING IMPROVES QUALITY OF LIFE THRO	UGH CANNABINO	ID
	RESEARCH, EDUCATIONAL SERVICES, AND COMMUNITY CONNECTI		
2	Did the organization undertake any significant program services during the year which were not listed on the		T.
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	• •	
	revenue, if any, for each program service reported.	arioro, ario total experiese, a	
4a	1 072 600 76 121	venue \$)
	REALM OF CARING HAD ANOTHER YEAR OF GROWTH AND ACCOMPL	ISHMENTS. WE	
	SERVED OVER 53,000 CLIENTS WITH A PHENOMENAL 100% TOTA	L CLIENT	
	SATISFACTION RATING. 1300 DOCTORS CREATED EDUCATION AC	COUNTS AND WEI	RE A
	TOP REFERRAL SOURCE TO OUR EDUCATION CENTER. WE HELD O	VER 35 EDUCAT	ION
	CLASSES FOR THE COMMUNITY AND OVER 6,000,000 FOUND US	THROUGH OUR	
	CONNECTION EFFORTS. REALM OF CARING HAD OVER 3200 PAR		OUR
	RESEARCH REGISTRY, MAKING IT THE LARGEST IN THE UNITED		,000
	HAS BEEN GIVEN DIRECTLY TO FAMILIES IN NEED SINCE OUR	•	<u> </u>
	INCEPTION. THANK YOU TO EVERYONE WHO BELIEVED IN OUR		
	IMPROVING QUALITY OF LIFE FOR PEOPLE WITH LIFE-LIMITIN		
	THE ROYLLO COMPLETE OF PETER FOR FEDERAL WITH PITE PITELLING	C COMBITIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
	/ (Large 1994)		′
4c	(Code:) (Expenses \$	evenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,073,682.)	
<u>4e</u>	Total program service expenses ▶ 1,0/3,682.		20 (2212)
		Form 9 3	90 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			3,7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
i.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?	~	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		Х
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3))	c col. A	l aveile	able.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avalla	inie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website			
10		l finan	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	mian	ual	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	HEATHER JACKSON - 719-347-5400			
	3515 N CHESTNUT STREET, COLORADO SPRINGS, CO 80907			

832006 12-31-18 Form **990** (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) JOEL STANLEY	1.00								•	
VICE PRESIDENT	1 00	Х		Х				0.	0.	(
2) MATTHEW LINDSEY	1.00	₩		х				0.	0.	(
REASURER 3) NICOLE SMITH	1.00	Х		^				0.	0.	<u>'</u>
PRESIDENT	1.00	X		х				0.	0.	
(4) CATE BAZE	1.00	122						0.	0.	
MEMBER	1100	x						0.	0.	
(5) MARK FRYDENBERG	1.00	 								
SECRETARY		x						0.	0.	
(6) HEATHER JACKSON	40.00									
CEO/MEMBER		Х		х				84,095.	0.	

Part VIII Section A. Officers, Directo	ors, Trustees, Key Em	ploy	ees,	, and	j Hiç	ghes	st C	compensated Employe	es (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do	not cl	Posit	tion nore t	than o	one	Reportable	Reportable		Es	stimate	:d
	hours per	box,	unle	ss per d a dir	son is	s both	n an	compensation compensati				nount (of
	week (list any	\vdash	o all	a a uli		., ., usi	.00)	from	from related		l	other	A!
	hours for	irecto						the organization	organization (W-2/1099-MIS			pensatom the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1818	SC)		anizati	
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		(** 27 1000 141100)			_ ~	d relate	
	below	idual	ution	<u>.</u>	Key employee	est co oyee	e.					anizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		Ш			_						<u> </u>		
		1											
		Ш			_						<u> </u>		
		\sqcup			_						<u> </u>		
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		\vdash											
		1											
		$\vdash \vdash$			\dashv								
		1											
1b Sub-total	l .	ш				Щ		84,095.		0.			0.
c Total from continuation sheets to								0.		0.			0.
d Total (add lines 1b and 1c)								84,095.		0.			0.
2 Total number of individuals (includ									000 of reportab	le.			
compensation from the organization		1000		, a an	,,,,	,			,,000 01 10001140				0
	··· •											Yes	No
3 Did the organization list any forme	r officer, director, or tru	ustee	e, ke	y em	olar	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedu				•		•		•			3		Х
4 For any individual listed on line 1a,													
and related organizations greater t	•		-					· · · · · · · · · · · · · · · · · · ·	J		4		Х
5 Did any person listed on line 1a red	ceive or accrue compe	nsati	on f	rom	any	unre	elat	ed organization or indiv	dual for services				
rendered to the organization? If "Y											5		Х
Section B. Independent Contractors													
1 Complete this table for your five hi	ghest compensated in	depe	ende	nt co	ontr	acto	rs t	that received more than	\$100,000 of con	npens	ation f	from	
the organization. Report compensation	ation for the calendar y	ear e	endi	ng w	ith c	or wi	ithir	n the organization's tax	year.				
	(A)			_				(B)	.		(0	C)	
Name and t	ousiness address	NC	NE	5				Description of s	ervices		ompe	nsatio	า
							_						
							4						
							\dashv						
									l				
2 Total number of independent	rootoro (in alcedia a laceta	O+ 11-	n:+ -	d +c -	the	20 11-	+	d about of the reasting of the	oro than				
2 Total number of independent cont \$100,000 of compensation from the		Ot III	ııııe	นเบ	tnos		ieC	a above) who received if	IOIE HIAH				
\$ 100,000 of compensation north	io organization					-					Form	990 (2	2018)
													101

832008 12-31-18

REALM OF CARING FOUNDATION, INC 46-3371348 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Total revenue Related or from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 182,836. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and ,141,964 similar amounts not included above 43,572 g Noncash contributions included in lines 1a-1f: \$ 1,324,800. h Total. Add lines 1a-1f Business Code 624410 11,229 11,229 2 a CHILDCARE Program Service Revenue f All other program service revenue 11,229. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 44,058 6 a Gross rents 0. **b** Less: rental expenses 44,058. c Rental income or (loss) 44,058. 44,058. **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 182,836. of contributions reported on line 1c). See 0 Part IV, line 18 a Other 65,983. **b** Less: direct expenses -65,983. -65,983 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 429 and allowances 3,727. **b** Less: cost of goods sold -3,298. -3,298. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

310,820.

Total revenue. See instructions

e Total. Add lines 11a-11d

51,989.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПОСО	gerierar experiees	охроносс
	and domestic governments. See Part IV, line 21	7,921.	7,921.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	68,210.	68,210.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	84,095.	68,957.	6,728.	8,410
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	405 020	465 040	16 550	14 210
7	Other salaries and wages	495,930.	465,048.	16,572.	14,310
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F7 F00	E2 222	2 2 6 4	2 224
9	Other employee benefits	57,500.	52,902.	2,364.	2,234
10	Payroll taxes	50,093.	46,119.	2,012.	1,962
11	Fees for services (non-employees):				
а		4 200	1 550	2 (50	
b		4,200. 16,206.	1,550. 8,318.	2,650. 7,554.	224
С	5 F	16,206.	8,318.	/,554.	334
d	, s F				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	,	0 712	1 663	49.	F 000
	column (A) amount, list line 11g expenses on Sch O.)	9,712. 40,888.	4,663. 39,498.	812.	5,000 578
12	Advertising and promotion	40,000.	33,430.	012.	370
13	Office expenses	7,850.	6,800.	950.	100
14	Information technology	7,050.	0,000.	950.	100
15	Royalties	99,138.	91,024.	4,457.	3,657
16	Occupancy	57,149.	54,468.	2,669.	12
17 18	Travel Payments of travel or entertainment expenses	37,113.	31,100.	2,003.	
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	2,814.	2,814.		
20	·	2,011	_, = 1.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,760.		7,760.	
23	Insurance	3,712.	2,173.	1,439.	100
24	Other expenses. Itemize expenses not covered	.,.==	,=:::	, === 3	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EXTENSE EXPENSES	59,241.	12,540.	2,728.	43,973
b	RESEARCH EXPENSES	55,701.	55,701.	-	<u>-</u>
c	SUPPLIES	21,452.	16,621.	4,287.	544
d	TELEPHONE	21,372.	20,066.	1,306.	
е	All other expenses	55,456.	48,289.	3,059.	4,108
25	Total functional expenses. Add lines 1 through 24e	1,226,400.	1,073,682.	67,396.	85,322
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			219,900.	1	319,661.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			15,433.	4	10,834.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	14958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			5,650.	7	4,067.
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			13,531.	9	27,391.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	47,741.			
	b	Less: accumulated depreciation	10b	32,477.	17,075.	10c	15,264.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			271,589.	16	377,217.
	17	Accounts payable and accrued expenses			7,793.	17	25,100.
	18	Grants payable				18	
	19	Deferred revenue				19	3,901.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
Ĭ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X of			
		Schedule D			800.	25	800.
	26	Total liabilities. Add lines 17 through 25			8,593.	26	29,801.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
Fund Balances	27	Unrestricted net assets			262,996.	27	347,416.
3ali	28	Temporarily restricted net assets				28	
βE	29	Permanently restricted net assets		<u></u>		29	
표		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶☐☐			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	icome, d	or other funds		32	
Z	33	Total net assets or fund balances			262,996.	33	347,416.
	34	Total liabilities and net assets/fund balances			271,589.	34	377,217.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,8		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3			4,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26	2,9	96.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		34	7,4	16.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?]	За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			